| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | TYPE | LENI | | OR S | OTHER T | VIIIV |
|--|------------------|--------------------------------|------------------|------------|------------------|------------------------|------------|---------------------|------------------------|
| OTAL CLAIMS | | | | RA | | FEE | - 1- | RATE ASIC FEE | FEE 710.00 |
| OR | NUMBER FILED | NUMBER EXTRA | | BASIC | FËE | 355.00 | ₩ <u></u> | | 10.50 |
| OTAL CHARGEABLE CLAIMS | V minus 20= | | | X\$ | 9= | | OR | X\$18= | |
| DEPENDENT CLAIMS | (minus 3 = | • | | X4 | 0= | | OR | X80= | |
| ULTIPLE DEPENDENT CLAIM P | RESENT | | | +1: | 35= | | OR | +270= | 9 |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | TO | TAL | | OR | TOTAL | |
| | AMENDED - PAI | RTII | Column 3) | SM | IALL E | NTITY | OR | OTHER SMALL E | NTITY |
| (Column 1) | THE WAR HIS | HEST | | | | ADDI- | | RATE | ADDI- TIONAL |
| REMAINING | PRE | MBER VIOUSLY ID FOR | PRESENT EXTRA | R. | ATE | TIONAL | | | FEE |
| Total Independent | Minus | 20 | | X | \$ 9= | | OR | X\$18= | |
| Independent • | Minus | 3 | | X | 40= | | OR | X80= | |
| FIRST PRESENTATION OF | MULTIPLE DEPENDE | NT CLAIM | | | 135= | | OR | +270= | |
| -losts | 2.28.04) | <i>(</i>) | (Column 3) | | TOTAL IT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1 CLAIMS REMAINING AFTER | A PA | IGHEST IUMBER EVIOUSLY | PRESENT EXTRA | I | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total | Minus ** | AID FOR | c | 11, | (\$ 9= | | OR | X\$18= | 9 |
| Total Independent | Minus ••• | | 8 | 11; | X40= | | OR | X80= | |
| FIRST PRESENTATION OF | MULTIPLE DEPEND | ENT CLAIM | | J | 135= | | ОЯ | | |
| | | | | AD | TOTA DIT. FE | | ОР | ADDIT, FE | |
| (Column CLAIMS | | Column 2) RIGHEST NUMBER | (Column : | ٦٢ | | ADDI | 7 | RATE | ADDI |
| REMAININ AFTER AMENDME | P | REVIOUSLY PAID FOR | EXTRA | _ | RATE | TIONA | | | FEE |
| Total . | Minus •• | | 9 | -1 L | X\$ 9= | 1 | OF | | |
| Independent • | Minus | | - | - | X40= | | 01 | X80= | 1- |
| FIRST PRESENTATION O | F MULTIPLE DEPEN | DENT CLAIR | <u> </u> | - [| +135= | | O | +270= | , . |
| If the entry in column 1 is less to the Highest Number Previous Highest Number Previous The Highest Number Previous The Highest Number Previous | | | | 20. AI | TOT/ | IL | Joi box in | ADDIT. F | |

Application or Docket Number